PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduction	n Act of 1995, r	to person are rec	uired to	U.S. Patent respond to a collectio	and Trademai of information	rk Office; U.S. DEF n unless it displays	PARTMENT O a valid OMB	OF COMMERC control number	
Effective on 12/08/2004.				Complete if Known					
FEE TRANSMITTAL						10/829,154-Conf. #5733			
				Filing Date	A	April 22, 2004			
				First Named Inv	entor T	Takashi AKETA			
For FY 2008				Examiner Name J. R. Fischer					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1791					
TOTAL AMOUNT OF PAYMENT (\$) 1,060.00				Attorney Docket	31				
METHOD OF PAYMENT	(check all the	at apply)							
Check Credit Can	i Mo	oney Order	No	ne Other (please identify));			
X Deposit Account Deposit.	Account Number	. 02-2	448	Deposit	Account Name:	Birch, Stewart,	Kolasch &	Birch, LLP	
For the above-identifie	ed deposit ac	count, the Dir	ector is	s hereby authorize	d to: (check	all that apply)			
x Charge fee(s) in	dicated belo	w		Charge	fee(s) indi	cated below, ex	cept for th	ne filing fee	
Charge any add	itional fee(s)	or underpaym	ents o	f X Credit	any overpay	vments			
fee(s) under 37	CFR 1.16 an	d 1.17		A Groun	any oranja,				
FEE CALCULATION									
1. BASIC FILING, SEARCH,	AND EXAMI FILING			ARCH FEES	EVAMIN	ATION FEES			
		mall Entity	36	Small Entity	CAMINA	Small Entity			
	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entit	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims							370	185	
						Multiple Dependent Claims			
-= x = Fe HP = highest number of total claims paid for, if greater than 20.						(\$) <u>F</u>	ee Paid (\$	2	
Indep. Claims Extra Cla			For I	Pald (\$)	_			_	
indep. Claims Extra Cl	x ×	e (\$)	1 66 1	alu (v)					
HP = highest number of independe	nt claims paid f	or, if greater than	3.						
3. APPLICATION SIZE FEE									
If the specification and draw									
listings under 37 CFR 1.5					or small ent	tity) for each ac	dditional 50	0	
sheets or fraction thereof						F (8)	Feel	Deld (#)	
Total Sheets Extr	a Sheets			(round up to a who			<u>ree i</u>	Pald (\$)	
4. OTHER FEE(S)		·		(tould up to a with	no monacety A		Fees	Paid (\$)	
Non-English Specification	. \$130 fee	(no small enti	tv disc	ount)			7.000		
Other (e.g. late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00									
1808 Processing fee, except in provisional applications 1251 Extension for response within first month								130.00 120.00	
	128	Extension	tor re	sponse within til	st month		12	0.00	
SUBMITTED BY	11			Desiration II					
Signature Sen i	1.11	#18,50		Registration No. (Attorney/Agent)	28,977	Telephone	(703) 20	5-8000	
Name (Print/Type) Gerald M. I	dureny, Jr.					Date EER	2 9 20	ng	